

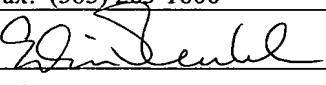


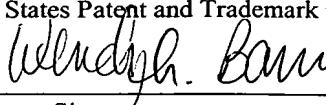
AF/1772/

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/336,126
		Filing Date	June 18, 1999
		First Named Inventor	Ren et al.
		Group Art Unit	1772
		Examiner Name	M. Miggins
Total Number of Pages in This Submission	3	Attorney Docket Number	19226/950 (R-5504)

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): _____	
	Remarks	
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Edwin V. Merkel Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1128 Fax: (585) 263-1600	
Signature		
Date	January 30, 2004	
Registration No. 40,087		

<b>CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</b>		
I hereby certify that this correspondence is being:		
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<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.		
<u>January 30, 2004</u>		
<u>Date</u>		
 Signature Wendy L. Barry Typed or printed name		

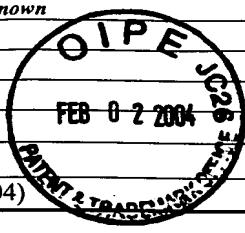
# FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 640

Complete if Known	
Application Number	09/336,126
Filing Date	June 18, 1999
First Named Inventor	Ren et al.
Examiner Name	M. Miggins
Art Unit	1772
Attorney Docket No.	19226/950 (R-5504)



## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80

**SUBTOTAL (1)**

**(\$)** 0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Fee from below		Fee Paid
	Extra Claims	Fee	
			0
Independent Claims			0
Multiple Dependent			0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	(\\$)
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205

**SUBTOTAL (2)**

**(\$)** 0

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	(\\$)	(\\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

**(\$)** 640

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January 30, 2004

Date

*Wendy L. Barry*  
Signature

Wendy L. Barry  
Typed or printed name

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Edwin V. Merkel	Registration No. (Attorney/Agent)	40,087	Telephone	(585) 263-1128
Signature	<i>Edwin V. Merkel</i>			Date	January 30, 2004

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